



[Payment Receipt](#)

Membership Dues

Member # (if known) & First/Last Name	Purchase Description (please choose one)	Have you submitted member app and pics?	Comments	Amount
Richard Calice	Seven Day Plan 3 persons \$985	No	Please advise how I can electronically submit pics	\$985.00

Merchant Name Padonia Park Club
First Name Nancy
Middle Initial M
Last Name Borowiecki
Address 10 Ringleaf Ct
City Cockeysville
Country United States
State Maryland
Postal Code 21030
Phone (248) 506-2138
Email Address tony.calice@gmail.com

Total Payment Amount \$985.00

Credit Card Number 3460
Card Verification Number xxx

Payment successful!

Amount Charged \$985.00
Transaction ID 27323039
Payment Date / Time 4/19/2016 10:18:53 PM Eastern

PAYMENT TERMS AND CONDITIONS

AUTHORIZATION

By checking the "I agree to the Terms and Conditions" checkbox below I am confirming my payment is in accordance with the rules and regulations of the agreement between me and my card issuer.

My payment can only be completed upon the acceptance and authorization of my issuing credit or debit card company. If my payment cannot be completed, I will retain the same liability, which is my sole responsibility, for payment as though I had not attempted to make the payment. Furthermore, I may also be liable for additional fees and penalties to the extent of applicable law.

RECEIPT

A receipt can be printed after payment is accepted which will serve as evidence of payment. If you provide an email address during the payment process, a receipt will be emailed to you after the payment is processed.

CONTACT

If for any reason you wish to make a change to the payment after submission, please contact Padonia Park Club for assistance, 410-252-2046.

☒ I agree to the terms and conditions.